

**LOs for assessment by Specified Emergency Scenario from 2025.**

<b>Topic</b>	<b>Learning outcome</b>	<b>Relevant outcomes to each SES topic in bold</b>	<b>Assessment 2025</b>
Anaphylaxis	<u>IT_RT 1.1</u>	<p>Outline a systematic approach to identifying the cause and describe the initial management of the following, when occurring in association with anaesthesia or sedation:</p> <ul style="list-style-type: none"> <li>• <b>Dyspnoea</b></li> <li>• <b>Hypoxia</b></li> <li>• Hypocapnoea/hypocarbida</li> <li>• Hypercapnoea/hypercarbia</li> <li>• <b>Tachycardia</b></li> <li>• <b>Bradycardia</b></li> <li>• <b>Hypotension</b></li> <li>• Hypertension</li> <li>• <b>High airway pressures</b></li> <li>• Oliguria/anuria</li> <li>• Failure to wake from anaesthesia</li> </ul>	<p>MCQ SES FEx</p>
	<u>IT_RT 1.2</u>	<p>Outline the clinical features and describe the initial management of patients with the following life threatening conditions:</p> <ul style="list-style-type: none"> <li>• Cardiac arrest</li> <li>• Respiratory arrest</li> <li>• <b>Shock</b> <ul style="list-style-type: none"> <li>o Hypovolaemic</li> <li>o <b>Distributive</b></li> <li>o Cardiogenic</li> <li>o Obstructive</li> </ul> </li> <li>• Cardiac tamponade</li> <li>• Acute myocardial ischaemia</li> <li>• Acute pulmonary oedema</li> <li>• Aortic dissection</li> <li>• <b>Arrhythmias causing haemodynamic compromise</b></li> <li>• Aspiration of gastric contents</li> <li>• <b>Severe bronchospasm</b></li> <li>• Tension pneumothorax</li> <li>• Massive haemoptysis</li> <li>• Coma</li> <li>• Raised intra-cranial pressure</li> <li>• Prolonged seizures</li> <li>• Local anaesthetic toxicity (also refer to the</li> <li>• <b>Anaphylaxis</b></li> <li>• Malignant hyperthermia</li> <li>• Pulmonary embolism</li> <li>• Gas embolism</li> <li>• Coagulopathy in association with surgery or trauma</li> <li>• Hyper/hypokalemia</li> </ul>	<p>MCQ SES FEx</p>
Raised Airway Pressure / inability to ventilate intubated patient	<u>IT_RT 1.1</u>	<p>Outline a systematic approach to identifying the cause and describe the initial management of the following, when occurring in association with anaesthesia or sedation:</p> <ul style="list-style-type: none"> <li>• <b>Dyspnoea</b></li> <li>• <b>Hypoxia</b></li> <li>• Hypocapnoea/hypocarbida</li> <li>• Hypercapnoea/hypercarbia</li> <li>• <b>Tachycardia</b></li> <li>• <b>Bradycardia</b></li> <li>• <b>Hypotension</b></li> <li>• Hypertension</li> <li>• <b>High airway pressures</b></li> <li>• Oliguria/anuria</li> <li>• Failure to wake from anaesthesia</li> </ul>	<p>MCQ SES FEx</p>

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	IT_AM 1.12	Outline the clinical features, possible causes, physiological consequences and management of perioperative upper airway obstruction	MCQ SES FEx
Massive haemorrhage	IT_SQ 1.2	Describe safe transfusion practices including: • Safe storage and handling of blood and blood products • Protocols for checking prior to transfusing	MCQ SES FEx
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		<ul style="list-style-type: none"> <li>• Pulmonary embolism</li> <li>• Gas embolism</li> <li>• <b>Coagulopathy in association with surgery or trauma</b></li> <li>• Hyper/hypokalemia</li> </ul>	
Aspiration	IT_AM 1.3	Outline preoperative fasting requirements and the common measures employed to decrease the risk of pulmonary aspiration	MCQ SES FEx
	IT_AM 1.16	Describe the clinical features and outline a management plan for a patient with aspiration of gastric contents	MCQ SES FEx
	<u>IT_GS 1.4</u>	Discuss indications for rapid sequence induction of anaesthesia	MCQ SES
Assessment and approach to the difficult airway / unexpected difficult intubation	IT_AM 1.2	Discuss the important features of history and examination that may identify a potentially difficult airway	MCQ SES FEx
	<u>IT_AM 1.6</u>	Outline the equipment required to be immediately available for basic airway management and the 'can't intubate, can't oxygenate' (CICO) situation ME IAACQ, FEx	MCQ SES FEx
	<u>IT_AM 1.11</u>	Outline potential management plans to ensure oxygenation of the patient with an unexpected difficult airway ME IAACQ, FEx	SES FEx
	<u>IT_AM 1.13</u>	Describe a 'can't intubate, can't oxygenate' drill, including the technique for performing an emergency surgical airway	MCQ SES FEx
	<u>IT_AM 1.15</u>	Describe the features of oesophageal and intubation and outline appropriate management	MCQ SES FEx
	IT_AM 2.1	Perform and document an airway assessment, including an appropriate history and physical examination including dental status, to determine if a patient has identifiable risk factors for difficulty in airway management	SES FEx
Cardiovascular instability	<u>IT_PO 1.7</u>	<u>Describe the treatment of life-threatening arrhythmias (also refer to the Resuscitation, trauma and crisis management clinical fundamental)</u>	SES FEx
	<u>IT_RT 1.1</u>	Outline a systematic approach to identifying the cause and describe the initial management of the following, when occurring in association with anaesthesia or sedation: <ul style="list-style-type: none"> <li>• Dyspnoea</li> <li>• <b>Hypoxia</b></li> <li>• Hypocapnoea/hypocarbica</li> <li>• Hypercapnoea/hypercarbica</li> <li>• <b>Tachycardia</b></li> <li>• <b>Bradycardia</b></li> <li>• <b>Hypotension</b></li> <li>• <b>Hypertension</b></li> <li>• <b>High airway pressures</b></li> <li>• <b>Oliguria/anuria</b></li> <li>• Failure to wake from anaesthesia</li> </ul>	MCQ SES FEx
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